



**HALEDON PUBLIC SCHOOL**

70 Church Street  
Haledon, NJ 07508  
Tel: (973) 389-2840  
Facsimile: (973) 956-0781

**JOHN A. SERAPIGLIA, JR.**  
*Business Administrator/Board Secretary*

September 2017

Dear Parents/Guardians,

The Haledon Public School District, in order to run our district effectively and efficiently, must ensure that it has the most accurate residency information possible. As a result, our school district will begin a **REQUIRED RE-REGISTRATION/RESIDENCY VERIFICATION** for your child(ren) attending **Haledon Public School**. Although your child does not attend Haledon Public School, expenses are incurred by the Board (aid in lieu, busing, and tuition) which requires you to complete the paperwork.

The School District will be requesting that verification be provided to our Business Office within two (2) weeks of this notification. This verification can be mailed, faxed, or brought in (our offices are located at the high school – 70 Church Street in Haledon, NJ). In an effort to make this process run as smoothly as possible, please ensure that you read this letter carefully as it thoroughly outlines all necessary information.

For your convenience, all re-registration forms have been included in this packet. These forms are also available on our district website, [www.haledon.org](http://www.haledon.org) at the link entitled *District Re-registration*. In addition to the appropriate forms as noted, you will also need the following documentation as noted below.

All residents are required to produce **FOUR PROOFS OF RESIDENCE AND A COPY OF YOUR CHILD’S BIRTH CERTIFICATE**.

**Homeowners** must provide the items listed in **BOLD** as well as three additional proofs of residency as noted below.

**Tenants** must provide the item listed in **BOLD** as well as three proofs of residency as noted below.

<b>Homeowners Must Provide</b>	<b>Tenants Must Provide</b>
<b>Property Tax Bill or Mortgage/Deed</b>	<b>Lease or Affidavit</b>
<b>Also</b>	<b>Also</b>
<b>Any three (3) of the items listed below:</b>	<b>Any three (3) of the items listed below:</b>
Driver’s license with Haledon address	Driver’s license with Haledon address
Utility Bill - PSE&G	Utility Bill - PSE&G
Utility Bill – TV/Cable/Phone	Utility Bill – TV/Cable/Phone
Affidavits	Affidavits

Your immediate attention, assistance and cooperation are very much appreciated. If you have any questions/concerns, please email [jserapiglia@mrhs.net](mailto:jserapiglia@mrhs.net) or call 973-389-2842.

Sincerely,

John Serapiglia  
Business Administrator / Board Secretary

**Residency Affidavit A-1  
Landlord's Affidavit (When No Written Lease Exists)**

State of New Jersey

SS:

County of Passaic

I, \_\_\_\_\_, of full age, being duly sworn according to law, on my oath depose and say:

1. I am the owner of the property located at \_\_\_\_\_, in the Borough of \_\_\_\_\_, County of Passaic, State of New Jersey. I am attaching to this Affidavit, an Original or Certified Copy of a Deed, Contract of Sale, as well as three additional forms of proof to demonstrate that I own the property listed above.

2. I am renting the property to \_\_\_\_\_ for a term of \_\_\_\_ mo. /yrs.

The tenancy commenced on \_\_\_\_\_ and will expire on \_\_\_\_\_. The tenant has \_\_\_\_\_ child/children residing with them. (Please list names) \_\_\_\_\_

\_\_\_\_\_.

The parties have not entered into a written lease for the property.

3. I state that the information contained in this Affidavit is true and accurate and acknowledge Haledon School District Board of Education's reliance upon the truthfulness and accuracy of this information. I am aware that if any of the statements contained in this Affidavit are willfully false, I am subject to the criminal penalties provided by the law for perjury

*and/or false swearing, and I will be personally liable for any cost for the child retroactive for the period of ineligibility.*

*Signature(s) of Landlord(s)*

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*Street Address*

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*City*

*State*

*Zip*

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*Telephone Number*

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**Notary:**

**Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.**

**My Commission Expires: \_\_\_\_\_**

\_\_\_\_\_  
**Signature of Notary Public of New Jersey**

**(Place Seal Here)**

**Certificate of Residency - Homeowner**

TO BE COMPLETED BY HOMEOWNER (Please print information using a ballpoint pen)

This is to state I, \_\_\_\_\_ am the Owner of the  
Property located at \_\_\_\_\_ NJ, 07508.

Dwelling:      Single Family \_\_\_\_\_ Two Family \_\_\_\_\_ Multi Family \_\_\_\_\_

This is to state that the following family members reside at the above address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Appropriate Documents – Please submit the following:**

Homeowners Must Provide  
Property Tax Bill or Mortgage/Deed

Also

Any three (3) of the items listed below:

Driver's license with Haledon address

Utility Bill - PSE&G

Utility Bill – TV/Cable/Phone

**PLEASE SIGN AND HAVE THE FOLLOWING STATEMENT NOTARIZED:**

I certify that the information provided above is correct.

\_\_\_\_\_  
Signature of Parent/Guardian

**Notary:**

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public of New Jersey

(Place Seal Here)

**HALEDON PUBLIC SCHOOL DISTRICT**  
**STUDENT VERIFICATION**

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Students Name: \_\_\_\_\_  
  Last  First

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**Affidavit (If Applicable)**

Guardian's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

Address: \_\_\_\_\_

*I have been fully informed and understand the meaning of and the consequences of giving false information with regard to my residency (address) as stated in **Chapter 6 NJS 18A:38:1.***

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

**Note: If pupil's address is not the same as parent's, is the pupil an affidavit student: \_\_\_Yes \_\_\_ No**

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**Below For Office Use:      Statements of Evidence of Proof of Residency (All five (5) must be satisfied):**

\_\_\_\_\_                  \_\_\_\_\_                  \_\_\_\_\_                  \_\_\_\_\_                  \_\_\_\_\_  
*Lease or Deed                  Utility                  Phone Bill                  Other                  Birth Cert.*

*I have checked the above documents and find them to be correct.*

Date: \_\_\_\_\_ Verification Officer: \_\_\_\_\_

**Certificate of Residency - Renter**

TO BE COMPLETED BY OWNER/LANDLORD (Please print information using a ballpoint pen)

This is to state I, \_\_\_\_\_ am the Owner/Landlord of  
the Property located at \_\_\_\_\_ NJ, 07508.

Dwelling:      Single Family \_\_\_\_\_ Two Family \_\_\_\_\_ Multi Family \_\_\_\_\_

This is to state that the following family members reside at the above address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date moved in: \_\_\_\_\_ (Please inform us if/when this tenant moves out)

\_\_\_\_\_  
Owner/Landlord Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Owner/Landlord Address

\_\_\_\_\_  
Telephone Number (Please provide a daytime telephone number so that the verification of the tenant's residence can be verified)

**PLEASE SIGN AND HAVE THE FOLLOWING STATEMENT NOTARIZED:**

I certify that the information provided above is correct.

\_\_\_\_\_  
Signature of Parent/Guardian

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission Expires: \_\_\_\_\_

(Place Seal Here)

\_\_\_\_\_  
Signature of Notary Public of New Jersey